

L13000/13390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 15 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RA
8/15/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 AUG 15 AM 11:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 4, 2014

Adrienne Smith
Creative Behavior Solutions
12890 Poinsettia Ave.
Seminole, FL 33776

SUBJECT: CREATIVE BEHAVIOR SOLUTIONS, LLC
Ref. Number: L13000113390

We have received your document for CREATIVE BEHAVIOR SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 414A00016561

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Behavior Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrianne Smith

Name of Person

Creative Behavior Solutions, LLC
Firm/Company

12890 Poinsettia Ave.
Address

Seminole, FL 33776
City/State and Zip Code

cbsaba@cbsaba.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrianne Smith at (727) 280-6643
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

See enclosed letter

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Creative Behavior Solutions, LLC
2. (a) 12890 Poinsettia Ave. Seminole, FL 33776 (b) 12990 Poinsettia Ave. Seminole FL 33776
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 8/9/13 Date of filing/registration in Florida 4. L1300011390 Document number

5. (a) Corporate Creations International Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11380 Prosperity Farms Rd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite # 221E
Palm Beach Gardens, FL 33410

- (b) Adrianne Smith
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12890 Poinsettia Ave.
NEW Registered Office Address:

Seminole, FL 33776

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Adrianne Smith
Signature of a member or authorized representative of a member

Adrianne Smith
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Adrianne Smith
Signature of Registered Agent